

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	FILING DATE
APPLICANT(S)	10/517594

CLAIMS

AS FILED	AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.
1				
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50				
OTAL IND.				
OTAL DEP.	18			
OTAL AMEND.	19			

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	IND.	DEP.	IND.	DEP.
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100				
TOTAL IND.				
TOTAL DEP.				
TOTAL CLAIMS				

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS